

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035403

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 24 1963

1. PLACE OF DEATH

a. COUNTY

Cass

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Grand River Twp.

Length of stay in 1b

20 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

3 Miles SE H'ville

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cass

c. CITY

OR
TOWN Harrisonville

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

RFD

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

MARY

ELIZABETH

WOOD

4. DATE

Month

Day

Year

OF
DEATH

Sept. 15, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/1/1900

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Practical Nurse

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Cooper Co. Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Bluhm E. Stahl

13b. MOTHER'S MAIDEN NAME

Lera Edith Thomas

14. NAME OF HUSBAND OR WIFE

Elmer E. Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

6 Elmer E. Wood, Harrisonville, MO.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cancer of Rectum with Metastasis 7 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT. SUICIDE. HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 1, 1962, to Sept. 15, 1963 and last saw her alive on Sept. 13, 1963. Death occurred at one P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Paul H. Chien

22b. ADDRESS

Harrisonville, Mo.

22c. DATE SIGNED

9-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9/17/1963

23c. NAME OF CEMETERY OR CREMATORY

Orient Cemetery

23d. LOCATION (City, town, or county)

Harrisonville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Atkinson Dickey Harrisonville, Mo.

25. DATE RECD. BY LOCAL REG.

9-17-63

26. REGISTRAR'S SIGNATURE

Ray J. Sobue

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0190

2 0190

3

4 1

5 1

6

7 0

8 0

9 154X

10

11

12 96-2

13 2-0

SEP 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert A. Atkinson

Licensed Embalmer No.

7902

P. O. Address

Herminia No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.